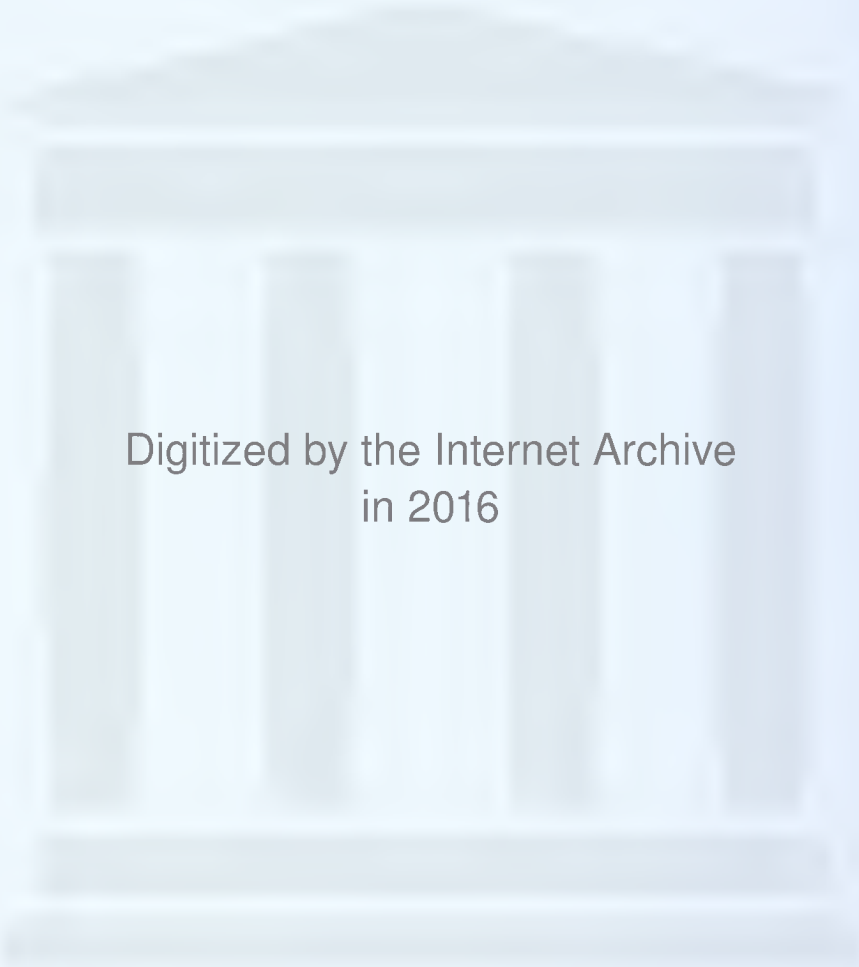

Health Service In Education

Bulletin 312

LESTER K. ADE

Superintendent of Public Instruction

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC INSTRUCTION
HARRISBURG

1939

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(Continued inside back cover)

HEALTH SERVICE
IN
EDUCATION

Bulletin 312

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Superintendent of Public Instruction

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC INSTRUCTION
HARRISBURG, 1939

FOREWORD

This bulletin on Health Service in Education has been prepared to help superintendents, principals, and school nurses to understand more fully the scope of school nursing and to formulate a program that will best meet the needs of children in the schools. Because of the limitations of race and of heredity all children cannot attain the same degree of bodily vigor. Only as all the resources of the home, the school, and the community are utilized, can each child secure the maximum health that is possible for him.

Acknowledgment is made to the Department of Health for the material under Prevention and Control of Communicable Disease, and to the National Society for the Prevention of Blindness for the material under How to Test for Visual Acuity.

This bulletin was prepared by Mrs. Lois Owen, School Nursing Adviser, and Dr. Frank P. Maguire, Chief, Health and Physical Education, under the general direction of Dr. Paul L. Cressman, Director of the Bureau of Instruction, and edited by Mr. Eugene P. Bertin, Department Editor.

LESTER K. ADE

Superintendent of Public Instruction

March, 1939

CONTENTS

For Each Child the Maximum Mental and Physical Health
and
Emotional and Social Adjustment

Health Service in Education

I. ORGANIZATION AND ADMINISTRATION

A. FINANCIAL ASSISTANCE FROM THE COMMONWEALTH

The Commonwealth reimburses school districts employing a properly certificated, full-time nurse the same percentage of her minimum salary as for any other teacher.

Any two or more school districts may jointly employ a school nurse. This procedure is recommended only for those districts in which the enrolment is too small to justify the expenditure for a full-time nurse.

B. PERIOD OF EMPLOYMENT

It is recommended that the nurse be employed for at least one month longer than the school year. This time between the closing and opening of school may be used for two purposes:

1. To permit the nurse to complete her follow-up work. The vacation period is the best time to have corrective work done as the child is then free from school duties and has the opportunity of regaining his health before returning to school.
2. To permit the nurse to visit the homes of the children who are to enter school for the first time the following September. The purpose of this visit is to urge upon parents the importance of having all remediable handicaps corrected before the child enters school so that he may derive the greatest benefit from his school work. Early vaccination should be stressed at the time of this visit. There are also economic and humanitarian reasons for work of this type. Correction of remediable handicaps during the preschool period may prevent permanent injury to health and make possible a remedy at an age when the discomfort and shock of the experience may be least.

C. THE SCHOOL NURSING STAFF

Where two or more nurses are employed, one should be designated as supervisor. She should be held responsible for the work done and all the business of the nursing service should be carried on through her office. In some instances members of the staff other than the school nurses are making home visits. Where this is the case, the program of all such groups should be carefully coordinated through a common philosophy. It is desirable that all persons making parent contacts be responsible to one person.

D. SCHOOL ASSIGNMENT AND PUPIL LOAD

The number of buildings and pupils assigned to one nurse will depend on the type of population, the distance to be covered, the amount of

work to be done, and the many other factors which help to determine the program for each district. Generally speaking, in urban communities one nurse can properly supervise two thousand pupils, but in rural communities one nurse should not attempt to supervise more than one thousand pupils. Larger assignments than these will interfere with thorough work.

E. OFFICE AND EQUIPMENT

In each building there should be at least one room which may be used for conferences with parents and individual pupils. This room should be adjacent to the office of the principal so that he may be easily consulted, and the records in both offices may be readily available. In many schools, the prinicpal frequently must perform part of the duty of excluding pupils from school. Experience has shown that the health room, when placed elsewhere, will be used less frequently for health conferences than the principal's office. A small waiting room is desirable.

In a building where an office for the school nurse is not provided, a store room or an unused classroom may, with a few adjustments, be utilized.

Adequate facilities should be provided for testing for visual and hearing efficiency. Artificial lighting should be indirect or semi-direct and should be suspended from the ceiling. Provision should be made for a minimum of ten foot candles of light, natural or artificial, in all parts of the room.

The room should be kept in order at all times and scrupulously clean. Pictures should meet the same criteria that are used in the selection of pictures for other rooms in the building. Equipment such as tables, chairs, supply cabinets, and record files should be of the same types as those furnished for other classrooms and offices in the building.

Suggested equipment:

Desk or table
Medicine cabinet
Couch
Blanket
Chairs
Wash bowl and running water
Liquid soap in container and paper towels
Scales and measuring device
Portable screen
Filing cases and cabinets
Waste pail
Some means of boiling water

Medicinal supplies:

Cotton—sterile absorbent
Gauze—or 5″ bandage
Bandages—1″ and 2″
Tannic acid ointment or powder (for burns)
Tincture of Iodine seven per cent. (It is important that supply be fresh and not held over from one year to the next)
Aromatic Spirits of Ammonia
Sodium Bicarbonate Tablets
Wooden applicators (in containers)
Wooden tongue depressors (in containers)
Scissors
Cinical thermometer

II. THE SCHOOL NURSE

A. PERSONAL QUALIFICATIONS

Success in school nursing requires certain natural qualifications. A work so closely allied with people and their affairs calls for a genuine liking for people and a real interest in their "doings." The school nurse should be young enough to have an understanding of the interests and problems of the school child, but not too immature to comprehend the moods and emotions of the adolescent or to inspire the confidence of parents and teachers. Emotional balance and emotional maturity are essential. She must have belief in the best in others and the courteous consideration and the sympathetic tolerance which permits her to work successfully with uninformed persons. She should be one who inspires in those with whom she works a sense of confidence in themselves. She must have social grace and self control, which imply dignity, poise and reserve; good judgment; breadth of interest; respect for pupil personality; intellectual honesty, a willingness to say "I do not know," and a sympathetic understanding of the unspoken desires and the problems of children and youth. In short, she must have that essential quality—a pleasing personality, the lack of which cannot be compensated by other qualifications.

B. EDUCATIONAL QUALIFICATIONS

In addition to natural accomplishments, professional education is essential. The minimum educational qualifications of the school nurse should be those set up by the Teacher Education Division of the Department of Public Instruction for certification. The school nurse is not a nurse in the conventional use of the term. She is a member of the school staff and has come into the field of education to assist the school in promoting child education and welfare.

The school nurse of today who has a vision of her opportunity for service is not content with the minimum qualifications. She is conscious of the need for post-graduate work in education and is eager to advance her professional status by availing herself of the opportunities offered by the various educational institutions in Pennsylvania. A knowledge of the whole school program is essential in order that she may view school nursing as an integral part of the entire school program.

III. THE SCHOOL NURSING PROGRAM

A. A GUIDING PRINCIPLE

"The health program of the schools should be definitely and fundamentally educational in its nature and scope.

"While the promotion of health is one of the cardinal objectives of the school health program, no service should be performed in such a manner that it takes away fundamental privileges or responsibilities of the home in relation to its children."*

B. AIMS OF SCHOOL NURSING

1. To help procure the maximum mental and physical health, and the emotional and social adjustment that is possible for each child.

2. To develop a better understanding between the school, the home, and the community so that each may supplement what the others are doing to promote the welfare of the child.

3. To help parents and pupils develop an appreciation of, and to assume their appropriate share of all that pertains to the child's health at home, at school, and in the community.

4. To help parents and pupils develop a feeling of social responsibility for the control of communicable disease.

5. To help parents understand the significance of health handicaps and to assume responsibility for their prevention, improvement, or correction.

6. To help pupils develop increasingly an appreciation of, and a desire to assume responsibility for the prevention, improvement, or correction of remediable handicaps.

7. To assist the school integrate health with its total program and provide an environment that will safeguard and promote the child's welfare.

8. To permeate the entire school system with an appropriate air of health consciousness.

C. KNOWLEDGE OF COMMUNITY

If the school nursing program is to be a vital part of an adequate health program, it is essential that the school nurse shall "know" the community. The following are items concerning which she should inform herself before organizing a tentative program.

* The White House Conference on Child Health and Protection.

1. Type
    a. Rural or urban
    b. Residential or industrial
2. Population
    a. Nationalities predominating
    b. Folk customs and beliefs
    c. Economic status
    d. Social status
    e. Related diseases
    f. Basic diets of predominating nationalities
3. Industries. This information may be procured from the local Chamber of Commerce.
    a. Hazards and occupational diseases
4. Juvenile Delinquency
    a. Probation officer
    b. Juvenile court or Juvenile Hall
    c. Orphans Court Judge
    d. Recent juvenile commitments to correctional institutions. This information may be obtained from the Juvenile Court Judge or the President Judge of the County Court or from the County Commissioners.
5. Child Caring Institutions
    a. Local. A list of these may be obtained from the County Commissioners.
    b. State. A list of these may be found in the Directory of Children's Institutions and Child Caring Societies in Pennsylvania, published by the Commonwealth of Pennsylvania, Department of Welfare, Harrisburg.
6. Relation to school and function of cooperative agencies
    a. Hospitals
    b. Clinics
    c. Service clubs
    d. Health camps
7. Name and address of County Medical Director
8. Name and address of Health Officer
9. Traffic Hazards
    a. Type
    b. Location

D. PROGRAM AND SCHEDULE

A definite program should be formulated. The values of a definite program are these:

1. It orients the educational staff to the content of the school nursing program.

2. It makes possible the accomplishment of a maximum amount of work, with the expenditure of a minimum amount of effort in a prescribed period of time.

3. It establishes objectives and proceedings and thus helps to prevent one of the great dangers that beset the school nurse—that of becoming a pure routinist because of the circumstances imposed upon her.

The program and schedule should not be considered static, but should be flexible enough to meet emergencies and should be subject to improvement on the basis of experience. It is important that both the program and the schedule be understood by the teaching staff. It is suggested that they be reviewed in some detail by the administrator with the teachers in a faculty meeting.

The following principles should be considered in organizing a school nursing schedule:

1. The school nurse should be at a definite location for at least the first half hour of the morning session and the first half hour of the afternoon session in order that she may be reached by the superintendent, principal, and teachers and be informed of certain conditions or circumstances which may need investigation or concerning which information is desired.

2. Each school building should be visited once a week, if possible, on a definite day and hour.

3. The school nurse should report each session at the same hour the teacher is required to report. This will give her time for conferences with teachers and individual pupils without interrupting classes.

4. When the school nurse is employed jointly by two or more districts her time should be scheduled insofar as possible so that she is in each district at the beginning and end of the week. The following plan is suggested when she is employed by two districts:

Monday	District 1
Tuesday	District 2
Wednesday	District 1
Thursday	District 2
Friday, A. M.	District 1
Friday, P. M.	District 2

5. The program for each day should be prepared in advance. The itinerary should be carefully planned to minimize retracing steps. The most efficient method is that of grouping together all the homes to be visited in the same vicinity. Whenever feasible, calls for remediable handicaps should be worked in with the daily absentee and illness calls.

6. A copy of the schedule should be posted in the superintendent's office and in each principal's office.

7. It must be remembered that in times of threatened epidemic or other emergency it will be impossible to adhere strictly to the schedule. When the nurse cannot report according to the schedule, the superintendent or supervising principal should be informed.

A SUGGESTED FORM OF SCHEDULE WITHIN THE DISTRICT

Monday	*8:30-9:30 A. M., Building A	1:00-1:30 P. M., Central Office
Tuesday	8:30-9:30 A. M., Building B	1:00-1:30 P. M., Central Office
Wednesday	8:30-9:30 A. M., Building C	1:00-1:30 P. M., Central Office
Thursday	8:30-9:30 A. M., Building D	1:00-1:30 P. M., Central Office
Friday	8:30-9:30 A. M., Building E	1:00-1:30 P. M., Central Office

E. ACTIVITIES OF THE SCHOOL NURSE

The school nursing program should be organized to meet the needs of the community which it serves. A study of the causes of school absence and of the findings of the health examination will provide a nucleus

The School Nurse Discusses With the Pupil the Findings of the Health Examination

around which activities can be organized. Health behavior and not factual knowledge indicates existing needs and problems. The following

* As previously stated, the time of arrival should conform to the time the teachers are required to report, the nurse remaining in the building for at least half an hour after the opening of school. Her classroom inspections, and other duties, in all probability, will make it necessary to remain longer than the half hour.

activities are common to most school nursing programs:

1. Home visits or parent conferences at school to:
   a. Explain to parents the significance of health handicaps and the importance of having such handicaps corrected. The report to the parent of the findings of the school physician should follow closely upon the health examination.
   b. Investigate unexplained cause of absence. By this procedure cases of communicable disease may be discovered and proper quarantine and school exclusion may be established, thus preventing the infection of the school in general.
   c. Investigate cases of illness or alleged illness.
   d. Investigate cases where a child is not working up to his level of capacity or does not seem to be properly adjusted in his school work. In either case the cause may be related directly or indirectly to his physical or mental condition.
2. Classroom inspections for the prevention and control of communicable disease and such other inspections as may be necessary.
3. Recommendation of exclusion from school and report to the proper authorities cases of suspected communicable disease, as required under the laws and regulations of the Department of Health.
4. Assistance insofar as possible with the improvement of the hygienic conditions of school buildings, grounds, and classrooms.
5. Performance of such other duties as may arise in promoting the mental and physical health and emotional and social adjustment of the pupils. This shall not be construed to include teaching classes other than home nursing. It should include, however, attending teachers' meetings at which general policies are discussed, P.-T. A. meetings and other meetings fostered by the school.
6. Accurate records of her work, and a monthly and an annual report of her work to her school superintendent and to the Division of Health and Physical Education, State Department of Public Instruction.

F. PARENT CONSULTATIONS AT SCHOOL

Parent consultations at school cannot and should not be permitted to take the place of visits to the home. They are a supplement rather than a substitute for home visiting. The invitation to the parent to come to the school to consult with the school nurse should state a definite time and should be signed by the supervising principal or superintendent. Parent consultations at school help to:

1. Conserve the time of the school nurse by eliminating travel between homes.

2. Emphasize parental responsibility by placing the obligation for the conference upon the parent.
3. Strengthen the relationship between the school and the home.
4. Make the parent feel a part of the group working out a program of adjustment for the child.
5. Enable the parent to meet the teacher or teachers, counselor, principal, as well as the school nurse, thus getting a picture of the child's part in the whole program.
6. Help the parent to understand the objectives of the health program as a part of the whole educational program.

G. RECORDS

School nursing records play a functional part in the school systems which carry out in practice the objectives of modern education. The records should be simple, purposive, and practical. They are of value in direct proportion to the amount of pertinent and reliable information they furnish.

1. Complete and accurate records
   a. Provide a health history which makes possible an intelligent adjustment in the child's program and points out needed treatment and advice.
   b. Make it possible for a successor to take up the work where her predecessor left it.
   c. Give evidence of what has failed or succeeded and thus help to determine future policies and programs.

The pupil's Health Record Card which is furnished by the Commonwealth of Pennsylvania, Department of Health, to second, third, and fourth class school districts should be kept in the classroom by the teacher. On it are to be recorded the results of the examination by the school physician and the date the child was excluded on account of a communicable disease, as soon as definite or official information is received from the health authorities naming the particular disease. When a pupil is promoted or transferred, this card or a copy of it should be forwarded to the new teacher. These cards are required to be kept so that a complete record may be available for pupils having had communicable disease and having been excluded from school for this cause, as required by Act of June 28, 1923, P. L. 888. Sec. 5.

The same care should be taken of these records as is exercised in the case of any other school record. They are valuable to the nurse for from them she may obtain the information necessary to do her follow-up work; to the teacher and other health workers, as they give them information concerning the physical limitations of each child.

Since Form 92 is kept by the classroom teacher, it is obviously unnecessary to furnish her with a duplicate record of this information.

The Health Record Card should be permanently filed after a child has finished his school career, inasmuch as it will frequently be a valuable reference record for certain employment requirements or in workmen's compensation cases.

The school nurse should make a monthly and an annual report of all her activities to the superintendent or supervising principal. A copy should be sent to the Division of Health and Physical Education, Department of Public Instruction.

A copy of a suggested report of school nursing will be found in the Appendix.

School Nursing Records should include a card record of pupil and parent conferences. A record of the date of the conference, reason for, and information obtained is very helpful not only to the nurse, but to the school officials. A five-inch by eight-inch card ruled on both sides should be used for this record—a separate card for each pupil. A detailed memorandum is not necessary. A brief statement is all that is needed. Time should not be taken to prepare a card for each pupil. The card should be set up only as service is rendered to the child. It is quite possible that there will not be need for a card for each pupil in the school.

An individual record provides a health history of the pupil and gives the school nurse concrete evidence which she can use to convince the parents of the need for correction of health handicaps. For instance, a card record indicating that a pupil has reported to the school nurse six or seven times during the school year complaining of headache carries more weight than a statement that he had complained "several times" of headache.

Nurses specializing in senior high school and junior high school work should keep a card record of all advice and first aid given to the pupils under their supervision. Such records are not only helpful in evaluating this type of school nursing service from year to year, but they are also a protection to the school nurse and to the school.

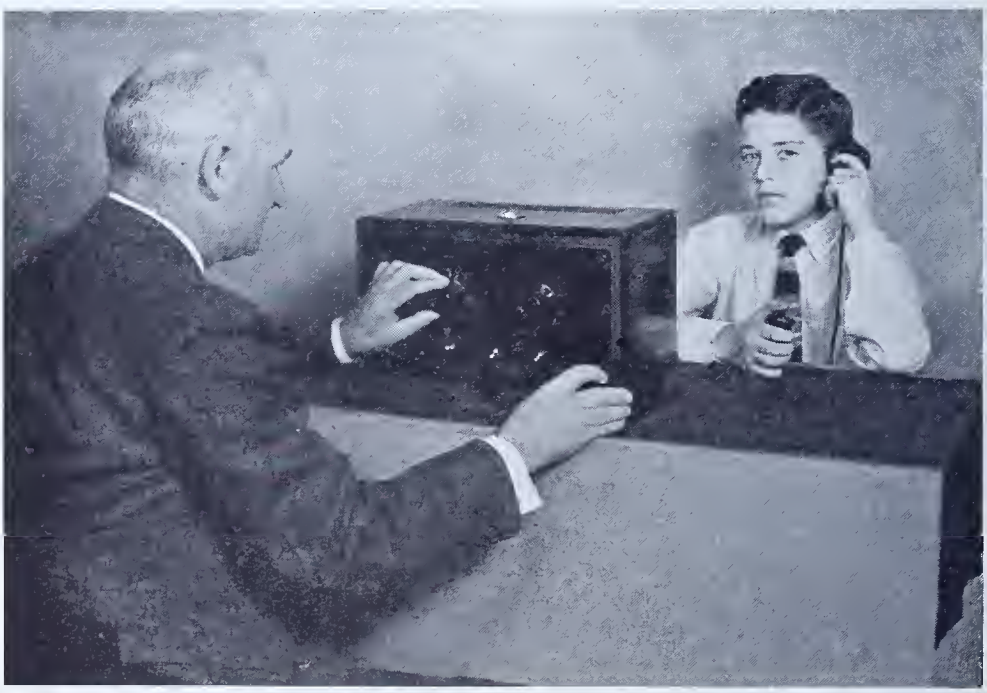
An example of such a card record is given as follows:

Name	Brown, Mary D.	Address (in pencil) 214 Market St.
Date	Reason for Visit	Remarks
9-23-38	Absent.	Ill—has cold.
11-28-38	To urge correction of remediable handicaps.	Has appointment with occulist for December 27, 1938. Family physician advises tonsillectomy next summer.
12- 5-38	Reported to health room with infected finger.	Advised that she see family physician. Telephoned mother.

H. TESTING HEARING

The audiometer has been found to be the most accurate device in use today to measure hearing acuity. A group audiometer tests the hearing of any number of persons up to forty at one time. A pitch range audiometer tests the hearing of a single individual at one time. The findings of the audiometer are stated in decibels. A decibel is the unit of the measurement of sound. An increasing number of school districts are purchasing audiometers for their own use. Detailed directions for administering the audiometer test accompany each instrument.

Children with an apparent hearing loss of nine decibels or more should be given a retest. The retest should not follow immediately after the first test because of the fatigue involved in listening for so long a period. If on the second test the result is again a seeming hearing loss of nine decibels or more, a third test should be given at least one month later. This interval of time is to permit colds and other temporary conditions that might cause deafness to clear up. Pupils with a hear-



Individual Testing for Hearing Efficiency

ing loss of nine decibels or more on the third test should be kept under observation by the teacher and tested again at the end of six months or one year. A hearing loss of twelve decibels or more should be reported to the parents with the recommendation that the child be taken to an otologist.

A case record should be kept for each pupil with a hearing loss of nine decibels or more. This record may be kept on a three by five

card and should include the dates of the hearing tests, the amount of hearing loss, the pathological findings, and the dates of follow-up visits.

All cases of infectious diseases such as measles, scarlet fever, and diphtheria should be considered potential cases of deafness and should be given a hearing test immediately after return to school and again at the end of six months and one year.

The audiometer test given in school is not a diagnostic test. It is simply a means by which pupils with hearing impairments may be screened out for a more thorough examination. Results of hearing tests conducted at school must be accepted with reservation. Seeming hearing impairment may be due to noise while the test is being given, misunderstanding of directions, short attention span and the like. No child should be labeled hard of hearing until so diagnosed by an otologist or other ear specialist.

The child with impaired hearing and his parents should understand the importance of maintaining his health at the highest level for him, of avoiding overfatigue, and of living among and associating with normal hearing people. Hearing aids should be prescribed by a specialist. No one aid is best for all persons. Each must find the type best suited to his own particular needs.

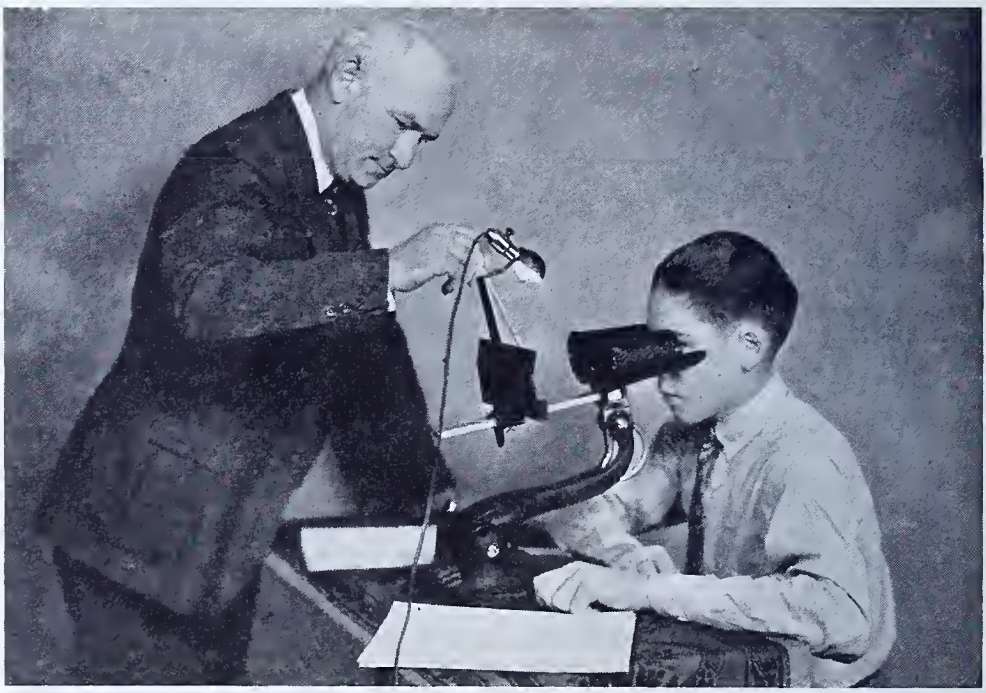
Group Testing for Hearing Efficiency

Many ear troubles begin in childhood. The pre-school child is particularly susceptible to ear infections. In general, the earlier the

condition is detected and placed under treatment the greater are the possibilities for complete recovery. School nurses, teachers, and parents should be on the alert for symptoms of hearing loss which include inattention, requests to have statements repeated, speech defects, poor spelling, discharging ear, turning one ear toward the speaker, watching the face of the speaker intently, and the like. Parents should be educated to protect children from unnecessary exposure to infectious disease by all scientifically proved methods, by proper dietary habits, and by proper clothing and ventilation.

I. TESTING SIGHT

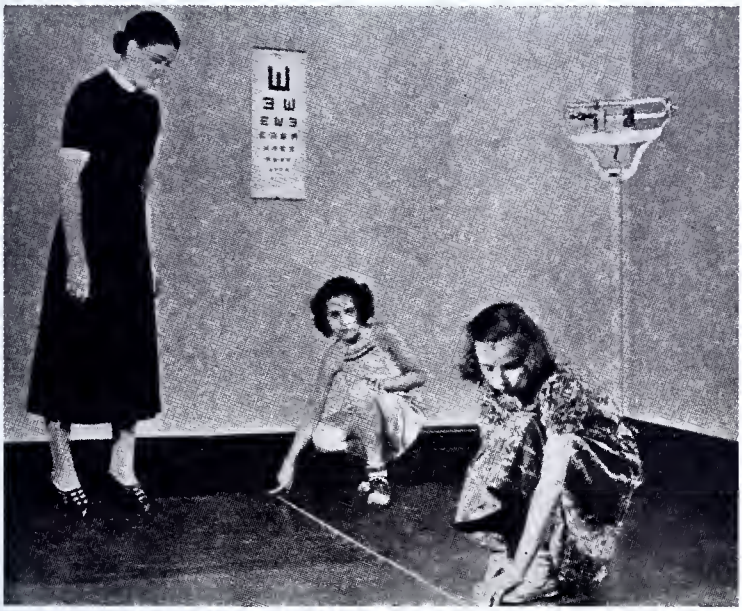
The Snellen chart is the most common device used in the public schools for testing visual ability. It is one of the simplest tests available for testing visual acuity at twenty feet. It is possible, however, for



This Telebinocular Test Reveals Normal Vision—A Score of Ninety-one Per Cent or Better

the pupil to have normal visual acuity in each eye at twenty feet and yet not have normal visual acuity at reading distance. It is also possible to have normal visual acuity in each eye, yet not have good binocular vision. From the viewpoint of the school as well as from that of the welfare of the child, it is important to know that he has adequate coordination at reading distance. Tests for visual ability should include tests for muscle imbalance, fusion, depth perception, and errors of focus, as well as visual acuity. These tests may be made with a Visual Safety Telebinocular which is designed to test visual functions

relating primarily to reading. No test of visual efficiency given by the school should in any sense be considered a diagnostic test nor should it in any way take the place of an examination by an oculist or an ophthalmologist.



CAREFUL PREPARATION FOR THE VISION TEST IS NECESSARY. THE LOCATION FOR THE CHART SHOULD BE SELECTED SO THAT THE CHART WILL BE FREE FROM GLARE AND SHADOWS. TO BE ACCURATE, THE DISTANCE AT WHICH THE TEST IS MADE SHOULD BE EXACTLY TWENTY FEET

1. Vision Testing*

   The symbol E chart is mathematically accurate; on each line the characters are equal in visibility; and the chart is not easily memorized. It can be used for all grades and for all children including those who do not read, and those who do not hear.

   Procedures

   a. Illuminating the chart: A level of intensity of ten foot-candles of light furnishes a good condition for testing visual acuity.

   b. Marking the distance: A distance of twenty feet should be carefully measured and marked so that the child may stand or sit just twenty feet away from the wall on which the chart is hanging.

   c. Getting ready for the test:

      (1) Place the child on the twenty-foot mark in direct line with the chart. Move the chart so that the line of letters marked twenty is on a level with the eyes of the child.

* Vision testing. National Society for the Prevention of Blindness, New York.

(2) Use the large E and show the child just what he is to do—*i. e.,* show with the hand or finger the direction in which the E points.

(3) Show the child how to use a clean card (three by five inches or four by six inches in size) to cover one eye at a time while he is taking the test. Be sure that no child uses a card used by another child. Be sure the child keeps both eyes open.

(4) Get the cooperation of the child. If he has confidence in you, he will work with you.

d. Testing:

(1) If child wears glasses, test first with glasses; then without.

(2) Test the right eye first—then test left eye—then both together.

(3) Record visual acuity in order given (for right eye—left eye—both eyes).

(4) With children suspected of low vision begin at the top of the chart.

(5) With other children begin with the fifty-foot line and let the testing proceed to include the twenty-foot line.

(6) Cover unused part of the chart. (See items under g.)

(7) Use window card to expose one symbol at a time. (See items under g.)

(8) Be sure the child knows what he is to do (cover eye, etc.).

(9) He shows with his hand which way the E points.

(10) Move promptly and rhythmically from one symbol to another.

(11) Do not allow the child to strain to see, but make a note of his attempt to strain.

(12) If the child reads one vertical and one horizontal symbol on a line with each eye and with both together, that is satisfactory.

e. Evidences that suggest visual difficulties to be noted during the test and recorded:

(1) Forward thrusting of head.

(2) Tilting head.

(3) Eyes filling with tears.

(4) Frowning or scowling.

(5) Puckering the face.

(6) Closing one eye during the test of both eyes together.

(7) Blinking.

f. Evaluation: Visual acuity of 20-20 means that the child at twenty feet from the chart saw the line he should see at that distance.

This test will discover the children with a limited range of vision and those with low vision. It does not always discover the far-sighted child. He may be found by his behaviors and observable eye conditions that suggest visual difficulties with close work in the classroom. See "Conserving the Sight of School Children," pages 34-35. National Society for the Prevention of Blindness, New York.

g. Cover and Window Cards*

White cardboard of dull finish is recommended for testing by daylight illumination. For use with an artificially-lighted chart a soft light gray with a dull finish is satisfactory. The set includes the following:

Card 1—9″ x 11½″, cover card, for covering the part of the chart not in use.

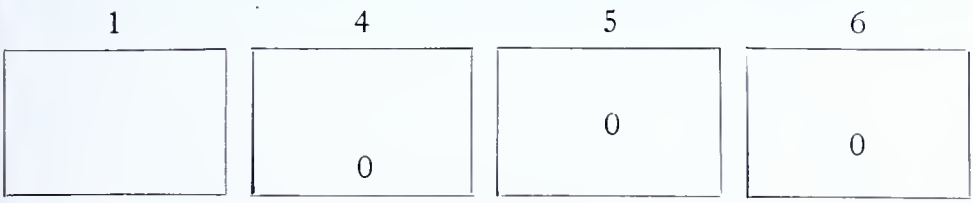
Card 2—9″ x 3¼″, cover card. To supplement card No. 1 or to cover the lines.

Card 3—9″ x 5″, cover card, below the twenty-foot line.

Card 4—9″ x 11½″, window card, to expose letters on thirty-foot and twenty-foot lines. Cut a circle one and one-half inch in diameter with the central point three and one-quarter inch from bottom.

Card 5—9″ x 11½″, window card, to expose letters on the fifty-foot and forty-foot lines. Cut a circle two inches in diameter in the center of card.

Card 6—9″ x 11½″, window card, to expose letters on the seventy-foot and 100-foot lines. Cut a circle three inches in diameter in the center of card.



* To prevent memorizing symbols on chart during test.

J. FIRST AID

First aid should be administered in school only to meet an immediate emergency. Care should be exercised that this phase of the health service program shall not usurp responsibilities that belong to the home. Parents should be urged to send children to school with all abrasions covered. Insofar as possible curative treatment should be provided by the family and the family physician. However, when circumstances arise in school making it necessary to provide care for a trivial illness or injury the opportunity should be used to explain to the pupil the reason for the treatment given. He should be taught how to carry out the simple principles of asepsis and how to apply a sterile dressing.

When Accidents Occur at School the Pupil Is Taught to Carry Out the Simple Principles of First Aid

When accidents occur at school the injured child must, of course, receive immediate attention. The function of the school is first aid only. When an emergency arises requiring more than first aid attention, the family should be notified so that it may assume responsibility for the proper care of the child. Some schools make it a practice to keep on file the name of the physician designated by the family as the "family physician." Such information may solve a real problem in case the family cannot be reached at the time of an emergency.

The school nurse should make every effort to see that a first aid cabinet is provided for each building and kept in some place accessible

to all teachers. It is her responsibility to see that the stock of supplies is replenished as needed.

The principal or classroom teacher should be responsible for the first aid work in each school when the school nurse is not present. Demonstrations in first aid may be given to groups of teachers early in the school year. However, it is an improper use of time for the nurse to remain in the building in order that she may be constantly available for the care of pupils who may become ill or who may be injured at school.

While the school nurse and teacher should be alert to symptoms of undue nervous strain at times such as the senior play, commencement exercises, etc., the major effort of the school should be expended toward the development of situations which the pupil is emotionally equipped to meet.

K. PARENT CONFERENCE

That the school program functions most efficiently where there is close cooperation between the school and the home is generally agreed upon. Each must understand what the other is doing to help the child

PARENT CONFERENCES AT SCHOOL
PARENT EDUCATION IS A SIGNIFICANT PART OF THE SCHOOL NURSING PROGRAM

make a satisfactory adjustment to life. Understanding and agreement are essential forerunners of cooperation. Cooperation is a simple matter when outcomes are acceptable to both parties. Cooperation is a much abused word, and it must be preceded by agreement between parties.

Frequently the school nurse is the only contact between the school and the home. Whether the relationship with the family is one of understanding is largely her responsibility. The personal appearance of the school nurse is an important factor in home visiting. Peculiarity of dress and extreme style are to be avoided. Dress may be suitable to business and at the same time in good taste and in the latest mode. The home visit provides an opportunity to ascertain the health needs of other members of the family and the existence of special problems which may not have been recognized by the family. Only by procuring her information direct from the source can she take an accurate report to the school and assist in working out a program applicable to the limitations of the family.

The attitude and personality of the nurse are vital factors in successful home visiting. First impressions are lasting, and to accomplish the end in view, the nurse must first be welcome in the home. She should talk to the mother as one interested in the welfare of her family. Any seeming negligence on the part of the home may be due to lack of understanding rather than to willful neglect. Let the parents know that a personal interest in the child is the occasion for all home visits. In some instances it may seem desirable that the first visit should be for the purpose of getting acquainted. A second or third visit sometimes is necessary before the real purpose may be accomplished.

There are times when it is desirable to go to the back door of the home. The condition of the back yard, porch, and kitchen is a good indication of the kind of housekeeping done in that home, and thus, a better insight into the child's home environment is obtained. Then, too, most mothers are busy during the day and in the average community are found more often in the kitchen than in the front of the house. One frequently secures admittance at the back door when a ring or knock at the front door is not heard or answered. However, there are some communities and some homes in every community where the nurse will receive a more cordial reception at the front door.

In order that the contacts which the nurse makes in the home shall be of most value to the home and to the school, the nurse should have an understanding not only of the health program, but of the school program as a whole. Each conference should be planned in advance. Before making a visit to a family, the nurse should secure all the information available concerning that family—whether father and mother are living; if so, the father's name and occupation; the number of children attending school; the health record of each, and as much of the family and its social history as possible. If the nurse can carry to the home a favorable report of something creditable that one of the children has done, she will have done much toward creating a kindly feeling toward the school. It may be only that he has done well in an arithmetic or history test, or that one of his drawings was cleverly made.

When the conference takes place in the home the visitor should comply with all the social graces and conventionalities that she would

observe in her own home. If she is not already acquainted with the parents she should introduce herself and give a reason for the call.

The school nurse should develop the art of terminating a conference before it becomes too prolonged. If it takes place in the home, she should leave before she has worn out her welcome. On the other hand she should avoid an appearance of being hurried. Time should be taken to talk about the things in which the members of the family are interested. A certain amount of listening may help to establish rapport. Give the impression that your presence in the neighborhood at this time is to make this particular call. If it is necessary to ask certain questions, bring them up naturally in the course of the conversation. The answers should be made note of mentally and recorded after leaving the home. A keen observer and a good listener will get much of the desired information without asking direct questions. Of course, if certain definite measurements are to be taken, as, for example, a brace, such information may be recorded in the presence of the family, but the general rule that a pencil and notebook should not be used while making a home visit is a safe one to follow.

L. THE SCHOOL NURSE AND THE SPECIAL CLASS

The school nurse has a definite service to render when working in a school system in which there are special classes for mentally or physically handicapped children or in which such classes are in process of organization. The child in our public school who apparently is mentally or physically handicapped should first have a thorough health examina-

PHYSICAL EDUCATION FOR THE HANDICAPPED CHILD
PARTIALLY SIGHTED

tion and every effort should be made to secure correction of all remediable handicaps. Home visits should be made in order to become informed of home conditions. This information is necessary for a satisfactory solution of many school problems.

Close cooperation between the school and the home is especially desirable in all types of special education.

Pupils who present apparent problems, either scholastic or behavior, should, after the fullest possible correction of remediable handicaps, be given a psychological examination by one who is qualified to ascertain their mental status and to make recommendations for their proper education.

In order that the psychologist may make a sound diagnosis, a complete personal, family, school, medical and social history is necessary. Extreme tact and accuracy must be used in securing and reporting such histories.

In some instances, it will be necessary for the nurse to explain to the parents the findings and recommendations of the psychologist and the physician and to urge the need for accepting his recommendations.

Many of the pupils in the special classes will need wise vocational guidance if they are to select occupations in which they will be successful. The school nurse should know where such guidance can be obtained and encourage the parents and child to seek the advice of this specialist.

In general, pupils who are able to make satisfactory progress under usual classroom instructions and methods of instruction should remain in the regular classes. The proper placement of mentally and physically handicapped children, whether in regular classes or in residential schools, will be determined by the psychologist and the school administrator.

If the school nurses encounter children whom they feel to be in need of special education, they should not hesitate to call such cases to the attention of the local school administrator. If further assistance or information is desired, do not hesitate to write to the Division of Special Education in the Department of Public Instruction, Harrisburg.

Special education provisions in the public schools for mentally and physically exceptional children include the following:

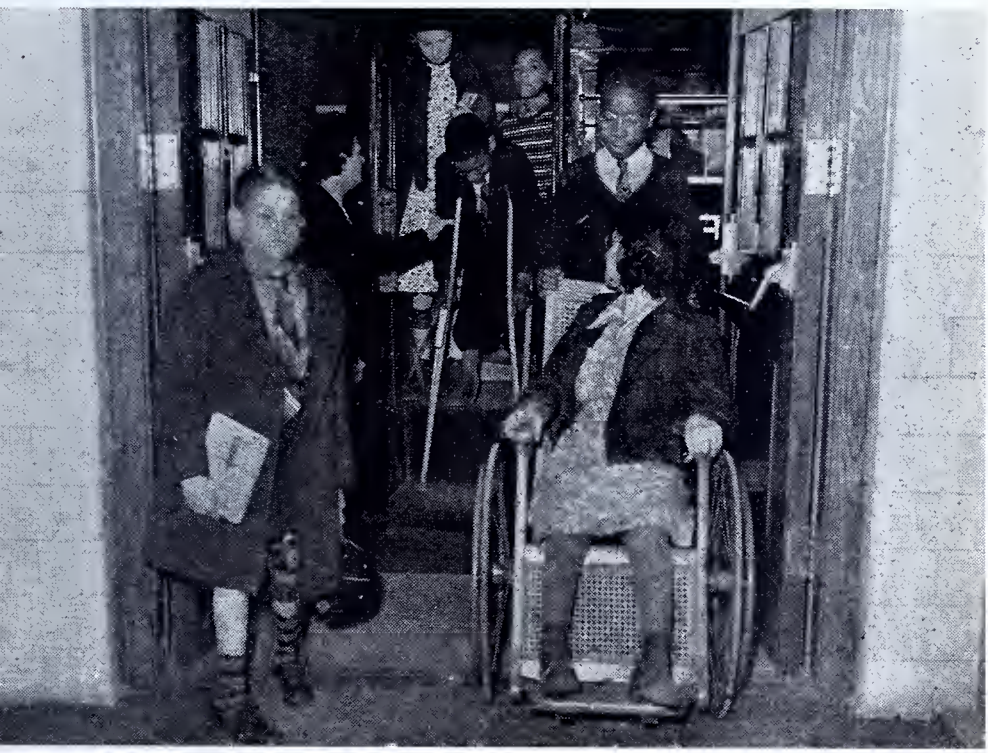
1. Mentally Superior

   While most of the educational adjustment to the needs, capacities, and interests of this group are being, and will probably continue to be provided in the regular classes by means of enrichment of the curriculum and, perhaps, some acceleration, a few school districts are conducting special classes for this type of exceptional child. For the most part, the children included in this group are those having intelligence quotients above 120 or 130. A few

school districts are endeavoring also to provide for that type of gifted child whose superiority is outstanding in some particular field, such as music, art, and the like.

2. Mentally Retarded

Children who are eligible for special classes at the elementary level have intelligence quotients ranging from seventy-five or eighty down to fifty. Children with I. Q.'s ranging from sixty-five or seventy to eighty-five are eligible for special classes at the junior high school level. Children of junior high school chronological age (fourteen to eighteen inclusive) having a mental age of



A Group of Children for the Orthopedic Class Arrives at School

ten or more years are eligible for special classes or special education programs in the junior high school. A child of lower mental age who has compensatory capacities which warrant his inclusion in the junior high school may be considered eligible.

3. Lowered Vitality

This group includes children who are malnourished, anemic, pretuberculous, and those with heart lesions. It is important that parents understand the need of these children for medical and dental attention, adequate diet, and ample rest and sleep. Mats or folding cots are part of the essential equipment for these classes. In the question of length of rest period each child must be treated

as an individual. All children in this type of class need rest. One child may need short rest periods at frequent intervals, while for another, longer periods may be of more value.

Routine service, such as taking temperatures, weighing, and the like, are the responsibility of the teacher. The school nurse should be certain that the teacher knows how to perform these skills accurately.

Physical Education for the Handicapped Child
Lowered Vitality

4. Hard of Hearing

The partially deaf child might well remain in the regular classroom, seated near the front toward the window side of the room, and given special instruction in lip reading by an itinerant teacher. Hearing aids, properly suited to the needs of each child, are being provided increasingly by the public schools. A few children have so high a degree of hearing loss that their needs cannot be met in the regular classes, but must be taught in special classes. Parents should be helped to understand the need for careful supervision to prevent the peculiar walk, poor posture, and the high-pitched voice that are characteristic of the totally deaf person.

Obviously, the educational and social problems of these children vary according to the degrees of their deafness, the ages of the onset of the deafness, and whether or not the deaf condition is progressive.

5. Partially Sighted

Pupils with not more than 20-70 vision or less than 20-200 vision in the better eye are regarded eligible for enrolment in sight con-

servation classes. However, there may be other conditions transitory in nature which might indicate the feasibility of placing a child in a sight-saving class temporarily. A child with a progressive defect, having more than 20-70 vision in the better eye might be placed in a sight-saving class, as a precautionary measure, upon the advice of an ophthalmologist. Quantitative limits of visual acuity should not be strictly applied, but the advice of an ophthalmologist should be decisive.

If glasses are prescribed by the ophthalmolgist the school nurse should explain to the child, the parents, and the teacher the importance of wearing the glasses and of keeping them clean and properly adjusted.

Conservation of Vision

Other suggestions for sight conservation and sight conservation classes will be found in Bulletin 96, Sight Conservation and Sight Conservation Classes, compiled and issued by the Department of Public Instruction.

6. Orthopedic

This group includes children so handicapped physically that they require transportation to and from school, or children so handicapped physically that they may not safely remain in the regular classroom. The school nurse should help the parents and the teachers to understand the importance of encouraging the crippled child to develop his physical ability to the utmost. Admission to

the orthopedic class and participation in its program should proceed only on the basis of medical guidance for the optimum physical development of these children.

7. Speech Correction

As a rule the speech correction work consists of intensive diagnosis of the speech difficulties of each child, followed by a sustained correction program. Since some speech correctionists have to work with as many as 250 to 350 different children during a school year in speech classes having as many as twenty-five or thirty pupils, the work cannot always be individualized. The school nurse can do much to assist the speech correctionist in certain specific cases.

8. Residential Schools

Children having auditory or visual defects so serious that the public school cannot provide adequately for them, may, and in most cases probably should, be placed in one of the residential schools for the deaf and blind. Keeping in mind the fact that the child must be mentally capable of profiting from such schooling, as determined by proper psychological examination, the school nurse can render a splendid service to the children, their parents, and society by:

a. Helping to locate such cases early in their school career;
b. Helping to convince parents that such educational provisions for their children is not only fair to the child, but should enable the child to become more independent;
c. Reminding the parents that the State pays three-fourths of the tuition costs and the child's school district pays the other fourth; and
d. Taking or helping to arrange for the parents to be taken to one of the residential schools where they can see the splendid work that is being done.

9. Summary

The duties of the nurse in relation to possible candidates for special education are as follows:

a. Have the child given a complete health examination and urge the fullest possible correction of remediable handicaps.
b. Make home visits to secure information concerning home conditions whereby the school may make adjustments for the better education and preparation of the child.
c. Secure a personal, family, school, medical, and social history of the child in preparation for the psychological examination.
d. Explain to parents the findings and recommendations of the psychologist and physician.
e. Explain to the parents the benefits which the child will receive in the special class.

f. Encourage and assist the handicapped pupil to obtain sound vocational guidance.

M. THE PRE-SCHOOL CHILD

A growing recognition of the responsibility of the school for the health of the pre-school child has for its fundamental objective the development of physically sound and emotionally well-balanced children. The school nurse who is promoting a vitalized program is trying to inculcate in parents an understanding of the need for periodic health examination of the infant and pre-school child as a responsibility of the home. The pre-school program should be a year-round program. Beginning with the first parent contact which she makes after school opens in the fall she should discuss with parents the importance of the correction of remediable handicaps before the child enters school.

Every child should enter school in as nearly perfect health as is possible for him. It is unfair to permit him to enter school with a remediable health handicap. Children vary with heredity in their natural ability to do work, but both the alert and the slow are handicapped unless they are physically fit. Any child, bright or dull, who enters school with a visual or a hearing impairment will not derive the greatest benefit from his school work. Health handicaps may be the cause not only of ineffective school work, but also of disciplinary problems and may have important effects upon the development of personality. The best time to make correction of remediable handicaps is before the child begins school life. This is true from an economic as well as an humanitarian standpoint. Early vaccination and diphtheria immunization should be emphasized. It is inadvisable to send a child to school immediately or shortly after vaccination. At such a time it frequently means his arm or leg is sore, and instead of being able to make the greatest adjustment of his early life most easily, he is handicapped at the beginning.

Interwoven in all aspects of the child's physical health is the factor of emotional health. Is the child "ready" for school? He may be six years of age chronologically, but is he six years old physically, mentally, and socially? Insofar as possible "readiness" for school should include a psychological test and a reading readiness test as well as an examination for physical fitness. A pre-school program which results in the parents assuming the responsibility for preparing the child for school develops a home and school understanding of inestimable value.

For those pre-school children for whom, for one reason or another, a complete health examination by the family physician is not possible, it may be necessary to hold a pre-school clinic.

1. Time of Holding Clinic

   This may be one clinic near the close of the school year. A better plan is to hold several throughout the year. This tends to reduce to a minimum the confusion which frequently results when a

number of children of pre-school age are brought together for health examinations. If only one clinic is planned it should be held in the spring and long enough before the close of school to permit the school nurse, if she is employed for the school year only, to make home visits for the purpose of explaining to parents the significance of remediable handicaps, and urging their correction. While a pre-school clinic without follow-up will be productive of some good, it is desirable that there be a definite follow-up, preferably by the school nurse. If no school nurse is employed, possibly some arrangement may be made to have this work done by the nurse employed by another organization.

2. Place of Holding Clinic

In order that the community may realize that this clinic is a school activity sponsored by school officials, the clinic, if room is available, should be held on a school day in the school building. The fact that school is in session will make it seem more of a school occasion to the child and will tend to take his mind from what may appear to be an unpleasant experience. On the other hand, it will help the children who are already in school to realize the importance of the health examination and the correction of remediable handicaps.

A waiting room, a dressing room, and an examination room are required. The waiting room should be provided with chairs, books, crayons, paper, and other equipment to amuse the children while waiting. The dressing room should be provided with wall hooks or some means of caring for the child's clothing. The examination room should be quiet and well lighted. Facilities for washing the hands should be provided. There should be, of course, chairs for the physicians, mother and child, a table, a supply of Form 92 (Pupil's Health Record Card), and home notices on which are to be recorded the recommendations of the examining physician to be sent home with the child. The clinic may be held in the gymnasium and screens may be used to provide a reasonable degree of privacy for the dressing room and examining room.

It is desirable that a clinic be held in each elementary building. That is, insofar as possible, children who will attend school in Building A should attend a clinic in Building A, those who will attend school in Building B, attend a clinic in Building B. This will necessitate the holding of more than one clinic but it is believed that the response will be better, and the children will be better cared for in the smaller numbers.

3. Methods of Obtaining the Names of Pre-School Children

The most efficient methods of obtaining the name of pre-school children are by:

a. Utilizing the information found on the Permanent Continuing Census which is advocated by the Child Accounting and Research Bureau of the Department of Public Instruction. This is a card record which should include not only the names of children of school age but also the names of all children in the district from one to six years of age.

b. The census enumerator who may be asked to include in his school census, which is a record of all the children who will be six years of age on or before September 1, the names of all children who will be four or five years old. This record should be kept in a separate book. With the exception of those children who move into the district, this will provide a list of those who should attend the Pre-school Clinic the following spring.

c. Asking the children in the school to give the names of their brothers and sisters and of any other children in the neighborhood who will enter school within the next two years.

d. Referring to the Cradle Roll of Primary Department of Sunday Schools.

e. Canvassing the district by members of the Parent-Teacher Association.

Whatever method is used to obtain the names of the children, the work should be done under the direct supervision of the superintendent or supervising principal of schools, or of some person designated by him.

4. Notification of Clinic to Parents

Notices or invitations signed by the superintendent or supervising principal should be sent to the parents of each child who is expected to attend the clinic. It is not sufficient to depend upon notices published in the newspapers.

The following suggested form may be printed on a postal card:

Please bring .....
Name of Child

on .....at .....to .....
Date Hour Name of Building

where all children who will enter school for the first time in September will be enrolled and given a health examination.

.....Superintendent

5. Personnel

Too many helpers are a disadvantage. The number should be just enough for efficient work. One person should be in general charge to keep the work moving. One person should welcome the mothers and children. The following is given as a guide:

One or more doctors for the examining.

One or more nurses—at least one to assist each physician.

One or two helpers, depending on the number of nurses available.

IV. RELATIONSHIPS

The school nurse should have an understanding of her relationship to school officials, to the community, and to State organizations. She should know to whom she is responsible, from whom she is to expect requests for service, and to what extent coordination may be effected. Her relationship with the classroom teacher, physician, community nurse, and other community organizations should be exactly defined. Without this clear understanding, there is likely to be a confusion, disagreement, ill-feeling, and inefficiency. As are other school employes, she is directly responsible to the superintendent of schools, although she has close working relationship with the school physician.

School nurses should remember that the status of school nursing is dependent upon the professional attitude and behavior of each school nurse. While specific rules for all occasions cannot be laid down, there are certain general conventionalities with which all school nurses should be familiar.

The school nurse should make every effort to cooperate with the entire personnel of the school system.

She should not take upon herself duties and responsibilities that rightfully belong to another person.

Differences of opinion must not be made the subject of personal contention.

A. THE SUPERINTENDENT

The superintendent, or supervising principal of schools, has charge of and is responsible for the supervision of the schools. The school nurse is at all times subject to his direction. Her program should first receive his approval before being submitted to the principals and teachers. He should be kept informed of all school nursing activities and of subsequent changes in program.

If at any time the school nurse because of any emergency is unable to report according to schedule, she should give prompt notification to the proper person.

B. THE BUILDING PRINCIPAL

The principal should be consulted concerning all problems arising within his building. Recommendations involving the personnel in the building should be made to him. He should be consulted before planning for any special work, as tuberculin testing programs. Other activities may have been arranged for that time which would conflict with the carrying out of additional work.

C. THE CLASSROOM TEACHER

Much of the success or failure of school nursing depends on the ability of the school nurse to fit her work into the school program

without disorganizing the regular classroom work. The classroom is the teacher's domain, not that of the school nurse. The nurse, when in the classroom, should show the teacher the courtesy that she would show to her hostess. For instance, no pupil should be taken from a classroom without first obtaining permission from the teacher.

The principal or teacher should be consulted as to a convenient time for making routine inspections in classrooms and should have ample notice when any unusual measures or proceedings are to be carried out.

D. THE ATTENDANCE DEPARTMENT

A definite understanding should be established with the Home and School Visitor or attendance officer relative to visiting the homes of children absent because of illness or children excluded from school because of various skin diseases or pediculosis. Insofar as possible, the home of every child excluded from school because he is suspected of having a communicable disease, should be visited on the same half day of exclusion. The school nurse is not an attendance officer in the sense of enforcing the compulsory attendance laws. However, statistical studies of school absence indicate that a large proportion of it is due to illness. It would seem, therefore, that the logical person to visit the home is the school nurse and the earlier in the illness the visit is made the greater is her opportunity to render service.

The school nurse who is alert to the educational aspects of the problem is in a position to render assistance in the organization of a constructive attendance program. Through her parent conferences she will develop a gradual process of education in ways of healthful living and in the right attitudes toward school attendance as well as home cooperation in notifying the school of the cause and probable duration of absence.

E. OTHER HEALTH WORKERS

The nurse should show a desire to work with all members of the health service staff especially the school physician, the dentist, the dental hygienist, and the director and teacher of physical education. School nursing is only one phase of the health program. All health workers need to remember that the health program is a unified program and that no one phase of the health program is complete in itself.

F. THE JANITOR

Show a friendly consideration toward the janitor. He will respond with a degree of cooperation not to be obtained otherwise.

G. THE PARENTS

The school nurse in her home visiting must avoid being drawn into neighborhood quarrels.

Any information obtained from a family concerning the immediate affairs of that family must be held in confidence by the nurse. She should not show seeming curiosity by inquiring into matters which do not have a direct bearing upon the solution of the problem under discussion.

Absolute loyalty to the school administration must be observed. Avoid expressing opinions concerning school discipline. Such matters pertain only to the parent on one side and the teacher and principal on the other.

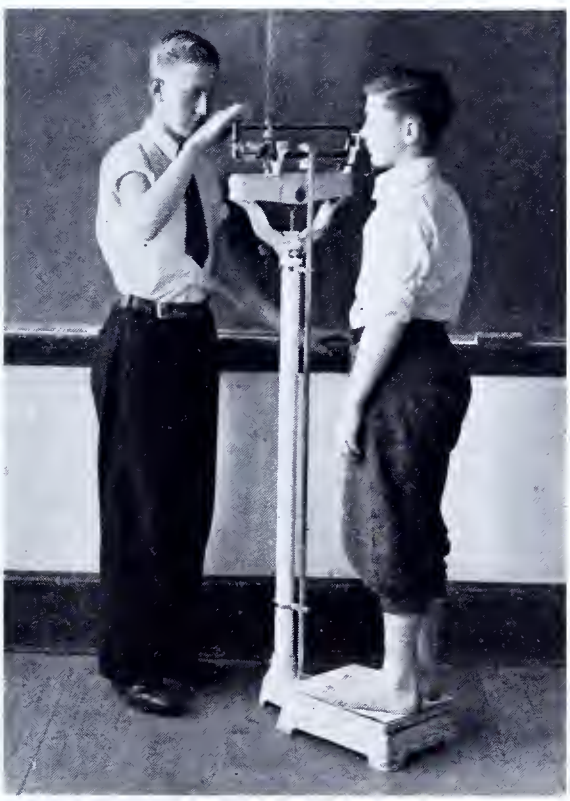
H. COOPERATIVE AGENCIES

The school nurse should be familiar with the services performed by other agencies in the community. It will help in developing a workable program if representatives of organizations interested in child welfare will hold group meetings where programs and problems may be informally discussed. When a parent or teacher believes that a pupil or other member of the family is in need of bedside nursing, a home visit should be made to be sure that the need exists before referring the family to the proper organization. A representative from another organization should not be asked to visit a home unless the school is reasonably sure that the information which it is giving is reliable.

Providing Opportunity to Practice Good Health Habits

In general, the school should not dispense material relief. When the school nurse finds conditions in the home indicating the need for food, clothing, and the like, the family should be referred to the proper Welfare agency. However, in a district where the school nurse is the only social worker in the community, there will be times when not to dispense material relief will work a real hardship on certain families.

Time should be taken to develop a working relationship with the physicians in the community. Upon her ability to do this rests a certain part of the efficacy of the school nursing program. Such relationships should be established with the physicians in the community that confidence, both in the school and in the nurse, will result.



WEIGHTS AND MEASURES HAVE HERE A VITAL MEANING

If the right approach is made to the physicians in the community and a harmonious relationship established, the school nurse will have gone a long way toward setting up and maintaining an efficient program of health promotion and health service.

The procedure to be followed in reporting to the board of health the names of children excluded from school because of symptoms of communicable disease should be agreed upon before school opens in September. In those districts employing a school physician, children

should be referred to him for diagnosis. The school physician will either permit the child to remain in school or will issue the morbidity report to the health officer. In districts where a school physician is not employed, children are usually referred to the school nurse or principal. If exclusion is recommended the proper information should be sent to the Board of Health.

At the opening of school the superintendent and the nurse should decide upon the procedure to be followed when a child returns to school with a note signed by a family physician, but who shows evidence of a communicable disease. Where a school physician is employed, the child should be referred to him. A certificate may have been granted without seeing the child on that particular day. Sometimes a personal interview with the physician issuing the certificate will bring about a better understanding. The great majority of physicians welcome the opportunity to assist the school in furthering all phases of the health program. If there is dissension or misunderstanding, the school should examine carefully and reevaluate if necessary, its own policies and procedures.

V. THE CONTROL OF COMMUNICABLE DISEASE

The control of communicable disease is largely an educational problem—not one of detection and exclusion. It is not the sole responsibility of any one particular person in the school. If the program is to be effective, the aid of every member of the staff who is in intimate contact with the pupil must be enlisted and the school program must go hand in hand with a parent education program. The teacher, the school nurse, and any other member of the school staff who remains at home when suffering with a cold is helping to educate people in the right attitude toward the promotion of health and prevention of communicable disease. A cold should be considered as any other communicable disease. The individual should remain out of school as long as there is sneezing, coughing, or any considerable nasal discharge. Parent and pupil conferences should be utilized to explain that pupils with acute colds and symptoms of other communicable disease are excluded from school for their own welfare as well as to safeguard the health of others. Perfect attendance is laudable, but from the standpoint of the child's health and the health of those with whom he comes in contact, there are times when absence is more desirable.

The pupil should be encouraged to assume responsibility for recognizing indications of deviation from usual good health and reporting to the proper person. The teacher should be given a clear understanding of the immunization program so that she may explain this program intelligently to the children and to the parents, if called upon to do so.

The parents' responsibility includes: (1) establishing for the child a regimen of healthful living, (2) seeing that he is protected against communicable disease by all scientifically proven methods, (3) keeping him at home when he is not in his usual health, and (4) avoiding unnecessary exposure to disease. Some one person, such as the school physician, the school nurse or the principal, should be authorized to decide whether the child should return to his home or be allowed to remain in school. No child should be excluded or excused from school without first learning whether a member of the family is at home to care for him. In most cases when the child is ill a member of the family should be requested to come to the school to accompany him home.

A. RULES AND REGULATIONS

To carry on an effective program the members of the school staff must be familiar with the rules and regulations of the State Department of Health for the prevention and control of communicable disease.

1. Exclusion from School

   The regulations of the Department of Health make it obligatory that teachers shall exclude from school not only every child who shows an unusual skin eruption, swelling of the neck, soreness of the throat, symptoms of whooping cough, or diseases of the eye.

Children showing any of the above mentioned symptoms should, in second and third class school districts, immediately be referred to the school medical inspector for his positive diagnosis and final exclusion if found afflicted with a communicable disease, or returned to school if not thus afflicted. The school medical inspector must return a notice or certificate to the teacher certifying that the child either is or is not afflicted with a communicable disease. In case of a positive diagnosis of communicable disease and exclusion from school, the school medical inspector shall immediately issue the regular morbidity report to the Board of Health or health officer.

During an epidemic of communicable disease the school nurse should follow up by home visits all absences on the first day and report all cases of suspected communicable disease not under quarantine to the Board of Health. It is the duty of the Board of Health physician to officially visit such homes, diagnose the case or cases and, if the disease is communicable, establish quarantine regardless of whether or not the family physician has been called. The foregoing also applies to Boards of Health in boroughs and first class townships that are school districts of the fourth class.

In fourth class school districts, any person showing symptoms suggestive of a communicable disease must be excluded, and the fact of the exclusion, the reason therefore, together with the name and address of the child or person excluded, must be reported to the health officer of the district in which the school is situated. (See duty of official Board of Health physician, preceding paragraph.)

2. Readmission to School

No child or other person excluded from school on account of having or of being suspected of having a communicable disease shall be readmitted until he or she presents a certificate from a physician stating that the condition for which the child was excluded was not communicable or until he or she presents a certificate from the health officer indicating release from quarantine. No child who has been absent from school because he has had a communicable disease or because he has resided in a home in which there has been a quarantinable disease shall be readmitted to school except upon the written certificate of the health officer—this, whether or not there has been a physician in attendance or whether or not the household has been under quarantine.

3. Disinfection of Classrooms

Classroom disinfection consists of a thorough cleansing by scrubbing the floors and woodwork with soap and water followed by carefully wiping seats, desks, window sills and casings, doors, door knobs and handrails with a cloth wrung out of a germicidal

solution, special attention being given to the seats or desks occupied by and in the vicinity of the infected pupil or pupils. This disinfection may be made immediately following dismissal of school. The room should then be thoroughly aired and the floors dried before the school is reopened.

4. Better Control of Epidemics by Keeping Schools in Session
   The closing of school as a means of controlling an epidemic is of no value where the children mingle out of school. Better results will be achieved by keeping the schools open, making a thorough daily inspection of all school children before they enter school, excluding suspected cases and all pupils having contact with infected persons, keeping a close check on absentees and making a careful physical examination before readmission to school of all pupils who have been absent for more than one day.

5. Return of Textbooks from Quarantined Homes
   The State Department of Health considers disinfection of books unnecessary. It is still done occasionally as a concession to the unfounded fears of school patrons, and serves the questionable end of confirming them in those fears. The common contact diseases are propagated from infected to susceptible quite directly by the infectious discharges of the former usually in the form of nose and throat spray. Inanimate objects, unless freshly contaminated, play an insignificant role in transmission. If local public opinion insists on disinfection of books, this may be done by immersing them in carbon tetrochloride for at least thirty minutes, then hanging them loosely over a line to dry in the sun.

B. THE CLASSROOM SURVEY

The carrying out of the regulations of the Department of Health for the control of communicable disease presupposes that the teacher will be continually on the alert for symptoms of deviation from usual health on the part of the pupils. The teacher occupies a strategic position in the control of communicable disease because she is in more continuous contact with the pupils than any other member of the school staff. It is desirable to begin the day with a classroom survey which may be formal or informal in type. In the informal type the child is not conscious of being observed. It is preferable that the teacher be aware of the child's appearance as he enters the room before he mingles with the other children.

In the formal type of classroom survey the teacher stands with her back to the window while the children pass before her in review at intervals of about two feet. The formal type should always be used in case of epidemic or threatened epidemic and should be continued during the period of incubation.

The School Laws require the child to attend school. Therefore, the school as an agent of the State should assume the responsibility for

protecting the health of the pupils in its charge, not only from communicable disease but from all drains on vitality. Such protection includes attention to the prevention, detection, and correction of health handicaps as well as the control of communicable disease. The teacher who is aware of the newer concepts of education is a vital factor in the program, and feels a direct responsibility for its success. The prevention and correction of health handicaps may be used as a motivating factor in health instruction. One of the first steps in solving behavior problems is the fullest possible correction of health handicaps.

Observation has shown that when the classroom survey is established on an intelligent basis and when opportunities are provided to practice good health habits better results are procured than by placing emphasis on health "jingles" and "honor rolls." A sound educational program in the school and a well directed program in the home will solve most of the problems which come up in the daily classroom survey.

VI. APPENDIX

A. A PROGRESS PROFILE OF THE HEALTH SERVICE PROGRAM

These criteria have been compiled to assist the school nurse to check the health service program. No significance is attached to their order and no attempt has been made to exhaust the list. It is suggested that the school nurse check the program at the beginning of the school year and again at the end to note progress.

1. Health Promotion

	Yes	No	Yes	No
The school nurse discusses with the parents of pre-school children the importance of:				
a. A complete health examination and the correction or treatment of remediable health handicaps.				
b. Immunization against diphtheria.				
c. A psychological examination to determine whether the child has a mental age as well as a chronological age of six years.				
d. A test to determine reading readiness.				
The pupil's weight is recorded on the academic report card.				
The names of children who do not gain over a period of three months are reported to the school nurse so that she may discuss with the parents the importance of taking the child to the family physician to determine whether he needs special attention.				
The school nurse is supplementing home visits with parent consultations at school.				
Invitations to parents for consultations at school are sent over the signature of the superintendent.				
All possible adjustments within the classroom are made for children with health handicaps; for example, children with visual defects are seated near the blackboard on the window side of the room.				
The school nurse at every possible opportunity brings to the attention of parents the importance of diet in the control of dental cares.				

	Yes	No	Yes	No
The school nurse discusses with parents the desirability of good conditions for independent study at home.				
All students take showers after strenuous activity during a physical education period.				
The classroom teacher permits no child to sit in school with wet shoes or clothing.				
All children remove outside wraps when in the classroom.				
All children come to school with abrasions covered.				
The school refrains from selling candy.				
The school nurse participates in the planning or the serving of the noon-day lunch where there is no home economics teacher or other specially prepared nutritionist.				
Fire drills are held at least as often as required and in accordance with the provisions of the School Laws.				
Separate mouthpieces are provided for those musical instruments used by more than one person.				
Facilities are provided for sterilizing the mouthpieces.				
The names of all school children residing within the district have been reported to the Crippled Children's Society.				
Emphasis is placed on the importance of children remaining at home when not in usual health, rather than on attending school to maintain a perfect attendance record.				
Absences are classified as to cause so that a constructive program for regular attendance may be organized.				
When administering first aid the child is taught the reason for and how to carry out the elementary principles of asepsis and how to apply simple dressings and first aid treatments.				
Children with impetigo and scabies are permitted to remain in school as provided by the Laws and Regulations of				

	Yes	No	Yes	No
the Advisory Board of the State Department of Health.				
The teacher or school nurse ascertains that parents or an older member of the family is at home before sending a child home for any cause.				
Children and members of the school staff with colds are excluded from school as long as there is sneezing, coughing, or any considerable nasal discharge.				
A tuberculin test followed by X-ray of all positive reactors is offered to junior and senior high school pupils.				
A tuberculin test followed by X-ray of all positive reactors is required of pupils participating in competitive athletics.				
All positive reactors to the tuberculin test are X-rayed annually.				
Every effort is made to find pupils who may have had contact with tuberculosis and to provide adequate attention.				
All evening activities fostered by the school are confined to Friday and Saturday evenings.				
Recess periods are provided for the children in the elementary grades.				
2. Nurse-Teacher Rapport				
The school nurse calls to the teacher's attention articles in current magazines and health books based on scientific principles.				
The school nurse keeps the teachers informed as to reliable sources of health information. (Health teaching should be based upon scientifically true facts.)				
The school nurse discusses with the teachers, separately or in a group, the regulations controlling communicable disease.				
The school nurse always reports her findings to the classroom or homeroom teacher when she has been asked to make a home visit.				
Conferences are held with the teacher, the school nurse, and the superintendent or				

	Yes	No	Yes	No
principal to meet the following individual needs:				
a. Rest periods rather than or in addition to physical activity. Special attention should be given to pupils returning to school after illness.				
b. Additional help in academic work to avoid or lessen strain. Home work, if assigned, should be adjusted to the capacity and circumstances of the individual. Lack of adequate lighting and a quiet place to study may be detrimental to the child's health and result in emotional disturbance.				
c. Subject load of pupil commensurate with his physical strength. Physical Fitness Index or P. F. I.				
d. Lefthandedness.				
e. Behavior problems.				
Children who are not working up to their level of capacity are referred to the school nurse for home visitation, if no one else has this responsibility. (This list is checked against the list of pupils reported as having health handicaps.)				
The school nurse attends all teachers' meetings in which general policies are discussed.				
The school nurse attends educational meetings outside her own field.				
3. School Hygiene				
All lighting facilities are used to their fullest capacity.				
The luminaries are kept clean.				
The windows are kept clean.				
The walls and ceiling are light in color and without gloss.				
The windows are provided with double shades.				
Buff translucent shades are used.				
All children are seated so that no child faces the light.				

	Yes	No	Yes	No
Seats are arranged so that light comes chiefly from the left for right-handed pupils.				
Seats are arranged so that light comes chiefly from the right for left-handed pupils.				
All desks are provided with a minimum of ten foot candles of light on cloudy days as well as bright.				
Artificial lights are shaded so that glare is reduced to a minimum.				
The teacher's desk is located away from the window.				
Good blackboards, properly placed, are provided.				
The drinking fountains are of the type that the mouth cannot come in contact with the metal and the water which has touched the lips cannot fall back upon the nozzle.				
The jet of water in the drinking fountain rises at least three inches and with sufficient force.				
Drinking fountains are placed low enough for the younger children, or if not, platforms are placed in front of them.				
If the drinking water is kept in a tank				
a. The tank is kept covered at all times.				
b. The water is delivered by a faucet.				
Ample soap and towels and adequate hand-washing facilities are provided.				
A mirror is so placed that all pupils can use it.				
Adequate supervision of children using toilets is provided to see that hands are washed, toilets flushed, etc.				
If open-window ventilation is used				
a. The children are protected against draft by shields.				
b. All windows can be opened top and bottom.				
In rooms where the temperature is not controlled by a thermostat				
a. An accurate thermometer is in the room properly placed.				

	Yes	No	Yes	No
b. Frequent thermometer readings are taken and the indicated adjustments made.				
4. Health Examination				
Parents are invited to be present at the time of the annual health examination, at least for the children in kindergarten and first grade.				
(The presence of parents at the health examination strengthens the relationship between the school and the home and increases the educational value of the examination. When the program for the correction of health handicaps is developed on a sound educational basis, it is more productive of desirable results and more likely to be lasting.)				
The classroom teacher submits in writing prior to the annual health examination her observation of deviations in health behavior and symptoms related to health handicaps.				
The health cards, Form 92, are filed with the classroom or homeroom teacher or, if not, she is provided with a record of the health handicaps of children in her homeroom.				
The teacher discusses with parents the findings of the school physician in his annual health examination.				
(The assistance of the teacher is invaluable in working for the physical fitness of the pupils.)				
The teacher reports to the school nurse the names of all children receiving correction or treatment of health handicaps.				
The tests for visual ability include depth perception, coordination, muscle imbalance and errors of focus as well as visual acuity of each eye separately at twenty feet.				
Children showing hearing impairments of nine decibels or more are given a third audiometer test before being referred to an otologist.				

5. Records	Yes	No	Yes	No
The school nurse is provided with a reasonable amount of clerical service.				
A copy of the daily schedule of the school nurse is filed or posted in the superintendent's office and in each building.				
The school nurse is provided with cards, forms and files so that she may keep accurate and complete reports of her activities.				
The school nurse keeps a continuous record on five by eight cards of all individual pupil contacts.				
The school nurse submits to the superintendent a monthly and an annual report of her work.				

B. SUGGESTED FORM FOR REPORT OF SCHOOL NURSING ACTIVITIES

1. MONTHLY REPORT OF SCHOOL NURSING

County .....District .....Month of .....

Exclusions for: (Include all those under quarantine)	Cases	Contacts
Chicken pox	.....	.....
Measles	.....	.....
German measles	.....	.....
Mumps	.....	.....
Whooping cough	.....	.....
Diphtheria	.....	.....
Diphtheria carriers	.....	.....
Smallpox	.....	.....
Scarlet fever	.....	.....
Poliomyelitis	.....	.....
Tuberculosis (lungs)	.....	.....
Trachoma	.....	.....
Conjunctivitis	.....	.....
Tonsillitis	.....	.....
Erysipelas	.....	.....
Impetigo contagiosa	.....	.....
Ringworm	.....	.....
Scabies	.....	.....
Favus	.....	.....
Lupus	.....	.....
Pediculosis	.....	.....

Individual inspections	.....
Classroom inspections	.....
Treatments in school	.....
Talks to outside clubs, organizations, etc.	.....
Parent consultations at school	.....
Teacher consultations	.....
Sanitary inspections	.....
Home visits for pupils	.....
Home visits to teachers	.....
Other visits	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
Pupils Accompanied to	
Physician	.....
Dentist	.....
Clinic	.....
Hospital	.....

MEDICAL INSPECTION AND FOLLOW-UP WORK

Term to Date

Number pupils examined.....Number pupils having remediable handicaps.....

Number pupils receiving correction or treatment of handicaps.....

	Handicaps Reported	Corrections Treatments
Poor nutrition	.....	.....
Vision	.....	.....
Strabismus	.....	.....
Blepharitis	.....	.....
Conjunctivitis	.....	.....
Other eye affections	.....	.....
Hearing	.....	.....
Otorrhea	.....	.....
Unclean teeth	.....	.....
Decayed teeth	.....	.....
Diseased gums	.....	.....
Irregular teeth	.....	.....
Cervical glands	.....	.....
Tonsils treated—with operation	.....	.....
without operation	.....	.....
Adenoids treated—with operation	.....	.....
without operation	.....	.....
Other nasal obstruction	.....	.....
Skin disease—non-contagious	.....	.....
contagious	.....	.....

	Handicaps Reported	Corrections Treatments
Pediculosis	.....	.....
Flat feet	.....	.....
Round shoulders	.....	.....
Curved spine	.....	.....
Cleft palate-hairlip	.....	.....
Other deformities	.....	.....
Abnormal nervousness	.....	.....
Chorea	.....	.....
Epilepsy	.....	.....
Other nerve affections	.....	.....
Tuberculosis—lungs	.....	.....
Tuberculosis—glands	.....	.....
Tuberculosis bones—joints	.....	.....
Heart—functional	.....	.....
Heart—organic	.....	.....
Defective speech	.....	.....
Defective speech—mute	.....	.....
Thyroid—gland—palpable	.....	.....
plainly visible	.....	.....
Asthma	.....	.....
Miscellaneous	.....	.....
TOTAL	.....	.....

Date.....

.....Nurse

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